

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature X <i>W. Dur</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to: <i>Richard J. Klein</i> <i># 350-022</i> <i>P.O. Box 7010</i> <i>Chillcothe, OH 45601</i></p>		<p>B. Received by (Printed Name) <i>W. Dur 1+2</i></p>	<p>C. Date of Delivery <i>12-27-04</i></p>
<p>2. Article Number (Transfer from service label) <i>C-1-01-794 DIC 64 SSB</i></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
		<p>7002 0860 0000 1410 0919</p>	

PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540